STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G460	A. BUILDING 00 B. WING	09/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNGARVIN INDIANA LLC	55693 ASH ROAD OSCEOLA, IN46561

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W0000	This visit was for an extended recertification and state licensure survey. Dates of Survey: September 7 and 8, 2011. Facility number: 000974 Provider number: 15G460 AIM number: 100244830 Surveyors: Tim Shebel, Medical Surveyor III-Team Leader The following federal deficiencies also reflects state findings in accordance with 431 IAC 1.1. Quality Review completed 9-29-11 by C. Neary, Program Coordinator.	W0000		
W0149	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview, the facility neglected to assure a choking risk plan was implemented for 1 of 1 sampled client (client #1) with a choking risk plan. Findings include: The facility's records were reviewed on 9/7/11 at 12:55 P.M.. The review indicated client #1 had a choking incident	W0149	Dungarvin has a writien policy in place tihati prohibitis mistreatimenti neglecti or abuse ofi tihe clientis (Policy B-2). All stiafi ati tihe home will be retirained on policy B-2, as well as clienti# 1's choking risk plan, including tihe expectiation tihati noti fiollowing a person's risk plan could be viewed as neglecti The Program Directior has been retirained on Policy B-2. The stiafi who were responsible fior monitioring client#1 during tihe time tihati she was observed tio noti be fiollowing her	10/11/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	on 4/14/11 and had a previous choking incident on 9/3/09. A follow up report of the 4/14/11 incident which was dated 5/10/11 indicated client #1 was to have her food "chopped up in to dime size pieces" and further indicated "all staff have been trained on this." Client #1 was observed on 9/7/11 during the group home observation period from 3:47 P.M. until 6:47 P.M.. At 6:00 P.M., client #1 ate a granola bar which was not cut or chopped into dime size pieces. At 6:35 P.M., client #1 ate her evening meal which consisted of mashed tater tots, whole kernel corn and fish sticks cut into 5/8 inch by 1 1/2 inch sections. Direct care staff #1 sat next to client #1 as the client ate her evening meal. Direct care staff #1 did not assist or prompt client #1 to cut or chop her food into dime size pieces. Client #1's records were reviewed on 9/8/11 at 9:13 A.M.. A review of the client's records indicated a 4/16/11 choking risk plan. The plan indicated direct care staff were to "Use a food processor to grind (client #1's) food. Grind/chop food to be no larger than a dime size pieces {added 5/2/2011} (added to client #1's 4/16/11 choking risk plan on 5/2/11.)		choking plan procedures have received additional disciplinary action and retiraining The Program Coordinatior will review all incidenti reportis and ensure tihati all risk plans are being fiollowed Systiem widę all Program Directior/QMRP's will review tihis stiandard and assure tihati tihis concern is being addressed ati all Dungarvin ICF-MR's. **Persons Responsible: Program Coordinator, Program Director /QMRP**	

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	Nurse #1 was interviewed on 9/8/11 at 1:22 P.M.. Nurse #1 stated direct care staff should have ground or chopped client #1's granola bar and fish sticks into a consistency "dime size or smaller." The facility's records were further reviewed on 9/9/11 at 1:50 P.M.. A review of the facility's "Policy And Procedure Concerning Individual Abuse, Neglect, And Exploitation" dated 4/11 indicated, in part, "Neglect or abuse of any consumer (client) is strictly prohibited in any (facility) service delivery location. Each individual shall be free from . . . neglect." 1.1-3-2(a)			
W0249	As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview, the facility failed to assure medication objectives were implemented for 3 of 4 sampled clients (clients #1, #2, and #3.) Findings include:	W0249	All stiafi working ati tihe sitie will be retirained on Client#1, #2, and #3's IPP's, including tihe medication administiration goals fior tihose people. Ati leasti montihly observations will be conductied by tihe Program Directior or designee tio assure tihati each stiafi is implementing tihese goals during medication passing times. This will	10/11/2011

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	Clients #1, #2, and #3 were observed receiving medications from direct care staff #5 during the 9/8/11 observation period from 6:17 A.M. until 8:45 A.M.. At 6:52 A.M., client #1 was administered her morning medications. During the administration, direct care staff #5 was not observed to prompt or assist client #1 to identify her Metoprolol medication (Beta-blocker heart medication) or state why she took it. At 8:27 A.M., client #2 was administered her morning medications. During the medication administration, direct care staff #5 was not observed to prompt or assist client #2 in learning the dosages of her Geodon and Prozac medication (mood stablizing medications.) At 7:23 A.M., client #3 was administered his morning medications. During the medication administration, direct care staff #5 was not observed to prompt or assist client #3 in stating why he took Allopurinol medications (gout medication.) Client #1's record was reviewed on 9/8/11 at 9:13 A.M.. A review of the client's 8/12/10 Individual Program Plan indicated the client had the following medication administration objective: "I.D. (identify) Metoprolol and state why she takes it."		be documentied on an Active Treatimenti Observation fiorm.A copy ofi tihose fiorms will be given tio tihe Program Coordinatior fior review and fiollow up Systiem wide, all Program Directio/QMRP's will review tihis stiandard and assure tihati tihis concern is being addressed ati all Dungarvin ICF-MR's. **Persons Responsible: Program Coordinator, Program Director /QMRP**	

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	Client #2's record was reviewed on 9/8/11 at 10:26 A.M.. A review of the client's 4/26/11 Individual Program Plan indicated the client had the following medication administration objective: "Learn dosage of Geodon and Prozac medication." Client #3's record was reviewed on 9/8/11 at 11:07 A.M.. A review of the client's 4/19/11 Individual Program Plan indicated the client had the following medication administration objective: "State why he takes Allopurinol {for gout}." Program Director #1 was interviewed on 9/8/11 at 11:56 A.M.. Program Director #1 indicated all medication administration objectives should have been implemented during the 9/8/11 morning medication administration. 1.1-3-4(a)			
W0263	The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview, the facility failed to secure written consent prior to implementing a restrictive behavior program for 1 of 4 sampled clients (client #3) with restrictive behavior	W0263	The Program Director/QMRP will be retrained on assuring that Behavior Intervention Plans that include restrictions are not implemented without the written informed consent of the person's guardian. Quarterly, Program Director/QMRP's	10/11/2011

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	programs. Findings include: Client #3's records were reviewed on 9/8/11 at 11:07 A.M.. The review indicated client #3 utilized the services of a guardian to provide informed consent. Review of the client's 5/11 Behavior Intervention Plan indicated the client was receiving Zoloft (anti-depression medication) for depression. Further review of the client's 5/11 Behavior Intervention Plan failed to indicate the facility received written informed consent from client #3's guardian prior to the plan's implementation. Program Director #1 was interviewed on 9/8/11 at 11:56 A.M.. Program Director #1 indicated the facility did not have written evidence client #3's guardian consented to the client's Behavior Intervention Plan plan prior to the plan being implemented. 1.1-3-4(a)		will conducti auditis ofi tihe clienti files. This auditi will include assuring tihati approvals by a person's guardian are made based on identified need fior any restirictions These auditis will be reviewed by tihe Program Coordinatior fior fiollow up assurance. Systiem wide, all Program Directior/QMRP's will review tihis stiandard and tihe need tio assure tihati tihis concern is being addressed ati all Dungarvin ICF-MR's. **Persons Responsible: Program Director/ QMRP, Program Coordinator**	
W0369	The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review, and interview, the facility failed to assure 2 of 19 observed doses of medications were	W0369	The stiafi person responsible fior tihe medication error has been retirained on tihe specific concerns notied in tihe survey reporti All stiafi ati tihe home	10/11/2011

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	administered according to physician's orders for 1 of 8 clients observed taking medications (client #5.) Findings include: Direct care staff #2 was observed administering medications to client #5 during the 9/07/11 observation period from 3:47 P.M. until 6:47 P.M.. At 5:13 P.M., direct care staff #2 administered a 500 milligram tablet of Vitamin C and a 325 milligram tablet of Ferrous Sulfate (anti-anemia medication) to client #5. During the observation period, client #5 was not observed to eat food until 6:41 P.M. during the evening meal. Client #5's clinical record was reviewed on 9/8/11 at 10:30 A.M.. A review on client #5's 7/30/11 Physician's Orders indicated the following: "Vitamin C 500 mg (milligram) tablet, Give 1 tablet orally 2 times a day with meals. Ferrous Sulfate 325 mg tablet, Give 1 tablet orally 2 times a day with meals." Nurse #1 was interviewed on 9/8/11 at 1:22 P.M.. Nurse #1 indicated direct care staff should have administered client #5's Vitamin C and Ferrous Sulfate tablets with food. 1.1-3-6(a)		has reviewed tihis stiandard as well The Program Directior, fiacilitiy nurse, and designee's will conducti random medication passing observations ati tihe home witih various stiafi tio ensure consistiency in tihe medication passing systiem All ICF Program Directiors will review tihis stiandard and assure tihati tihis issue is being evaluatied as a possible concern in all ICF-MR's. **Persons Responsible: Program Director /QMRP, Facility Nurse**	

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W0382	The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview, the facility failed to assure all medication remained locked until administration for 8 of 8 clients living in the facility (clients #1, #2, #3, #4, #5, #6, #7, and #8.) Findings include: Clients #1, #2, #3, #4, #5, #6, #7, and #8 were observed at the group home during the 9/8/11 observation period from 6:17 A.M. until 8:45 A.M.. At 8:23 A.M., direct care staff #5 prepared medications for client #2. Direct care staff #5 placed the medication into a small cup. Direct care staff #5 placed the cup with the medication on a table and left the area to retrieve client #2, leaving the medication unsecured. Direct care staff #5 returned to the area 30 seconds later but then left the area at 8:27 A.M. to retrieve client #2. Direct care staff #5 returned to the area 20 seconds later. At 8:39 A.M., direct care staff #5 prepared medications for client #3. Direct care staff #5 placed the medication into a small cup. Direct care staff #5 placed the cup with the	W0382	All direct care staff at the site will be retrained on the medication passing guidelines, which include ensuring that all drugs and biologicals are locked except during times of preparation for administration. Retraining will be completed with the staff observed to not follow this practice. Observations during med-passing times will be completed by the Program Director/ QMRP, facility nurse, or other designee. Immediate feedback is given during these observations for any concerns noted. Medication errors including concerns of violations to the standard of ensuring all drugs and biologicals are to be locked except during times of preparation for administration will be handled through retraining and disciplinary action according the Dungarvin policy and procedure on Medication Administration. System wide, all Program Director/QMRPs and nurses will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.**Persons Responsible: Program Director/ QMRP, Facility Nurse**	10/11/2011

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	medication on a table and left the area to retrieve client #3 leaving the medication unsecured. Direct care staff #5 returned to the area 15 seconds later. Nurse #1 was interviewed on 9/8/11 at 1:22 P.M.. Nurse #1 indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 had free access to the medication area of the group home. Nurse #1 further indicated all medications should remain locked until they were administered. 1.1-3-6(a)			
W0455	There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed to assure 5 of 5 observed clients preparing lunches (clients #1, #2, #4, #5, and #6) washed their hands prior to handling food items. Findings include: Clients #1, #2, #4, #5, and #6 were observed during the 9/8/11 observation period from 3:47 P.M. until 6:47 P.M.. Upon entering the group home from the workshop, direct care staff prompted clients #1, #2, #4, #5, and #6 in preparing sandwiches for the next day's lunch.	W0455	All directi care stiafi ati tihe sitie will be retirained on tihe expectiation tihati all clientis wash tiheir hands prior tio handling fiood during times ofi meal preparation. The Program Directior, fiacilitiy nurse and designee's will conducti random observations ati tihe home witih various stiafi tio ensure consistiency in tihe fiood handling requirementis All ICF Program Directiors will review tihis stiandard and assure tihati tihis issue is being evaluatied as a possible concern in all ICF-MR's. **Persons Responsible: Program Director /QMRP, Facility Nurse**	10/11/2011

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	Direct care staff #1 assisted the clients as they handled bread, lunch meats, cheese, and condiments in the preparing of their sandwiches. Clients #1, #2, #4, #5, and #6 were not observed to wash their hands upon entering the facility or before handling food items in the preparation of sandwiches. Direct care staff #1 was not observed to prompt or assist clients #1, #2, #4, #5, and #6 in washing their hands prior to handling food items. Nurse #1 was interviewed on 9/8/11 at 1:22 P.M.. Nurse #1 indicated direct care staff #1 should have prompted and assisted clients #1, #2, #4, #5, and #6 in washing their hands prior to handling food items. 1.1-3-7(a)			